

CB - Childbirth

CB-AP ANATOMY AND PHYSIOLOGY

OUTCOME: The patient will have a basic understanding of the anatomy of the female reproductive system and how it relates to the physiology of labor and delivery.

STANDARDS:

1. Explain the anatomy of the female reproductive system in pregnancy, e.g., labia, vagina, cervix, uterus, placenta, umbilical cord, amniotic sac and fluid, pelvic muscles, and bones.
2. Explain that “labor” is the contraction of the uterine muscles accompanied by progressive dilation and effacement (opening) of the cervix. Explain that contractions may occur without changes to the cervix and that true labor does not take place until the cervix begins to open.
3. Relate the changes that occur in the female reproductive system as labor is initiated and progresses:
 - a. First Stage
 - i. The early or latent phase is characterized by irregular contractions or regular contractions without changes in the cervix. Emphasize that this may last for days or weeks.
 - ii. The active phase is characterized by regular contractions with cervical dilatation.
 - iii. The transition phase is the final part of the first stage of labor during which the cervix becomes fully dilated.
 - b. The Second Stage starts when the cervix is fully dilated and ends at the time of delivery of the baby during which the baby passes through the birth canal.
 - c. The Third Stage of labor is the time between the delivery of the baby to the time of delivery of the placenta.

CB-C COMPLICATIONS

OUTCOME: The patient will understand that a normal labor and delivery has the potential to become abnormal and complications may occur at any time.

STANDARDS:

1. Explain that complications may necessitate the use of special equipment, medications and possibly cesarean section to facilitate safe and rapid delivery of the baby.

2. Explain that it is impossible to predict who will or will not have a complication during labor.
3. Explain that despite appropriate medical care, not all pregnancies result in normal/healthy babies.

CB-CUL CULTURAL/SPIRITUAL ASPECTS OF HEALTH

OUTCOME: The patient/family will understand the impact and influences cultural and spiritual traditions, practices, and beliefs have on health and wellness.

STANDARDS:

1. Explain that the outcome of pregnancy and childbirth may be influenced by choices related to health and lifestyles, e.g., diet, exercise, sleep, stress management, hygiene, full participation in the medical plan.
2. Discuss the potential role of cultural/spiritual traditions, practices, and beliefs in achieving and maintaining health and wellness.
3. Explain that traditional medicines/treatments should be reviewed with the healthcare provider to determine if there are interactions with pregnancy or prescribed treatment.
4. Explain that the medical treatment plan must be followed as prescribed to be effective and that some medications/treatments take time to demonstrate effectiveness.
5. Discuss that traditions, such as sweat lodges, may affect some conditions in detrimental ways. Explain that sweat lodges, saunas, hot tubs, or other prolonged heat may be harmful to a developing baby. Healing customs or using a traditional healer may have a positive effect on the patient's condition.
6. Refer to clergy services, traditional healers, or other culturally appropriate resources.

CB-EQ EQUIPMENT

OUTCOME: The patient/family will have a basic understanding of the equipment utilized to monitor childbirth.

STANDARDS:

1. Discuss the use and benefits of equipment to monitor labor.
2. Explain that the various alarms are to alert the medical personnel of the patient's status and/or the function of the equipment.
3. Emphasize, as necessary, that electrodes and sensors must be left in place in order for the equipment to function properly.
4. Encourage the patient/family to ask questions if there are concerns.

CB-EX EXERCISES, RELAXATION & BREATHING

OUTCOME: The patient will be able to demonstrate the relaxation and breathing exercises to be utilized during the stages of labor and delivery.

STANDARDS:

1. Explain, demonstrate, and supervise the return demonstration of relaxation techniques, e.g., muscle contraction/relaxation, focusing, touching.
2. Explain, demonstrate, and supervise the return demonstration of breathing exercises appropriate to each stage of labor. Examples may include:
 - a. Slow-paced (slow/deep chest) for early labor.
 - b. Modified-paced breathing (light chest breathing) for active labor.
 - c. Pattern paced breathing (almost no chest breathing) for transition labor to inhibit pushing.
 - d. Method of breathing when pushing during delivery.

CB-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of follow-up for routine postpartum and newborn visits.

STANDARDS:

1. Emphasize the importance of keeping appointments for routine postpartum and newborn follow-up. Explain that the purpose of follow-up appointments is to detect anything which could become a problem, and that the mother and the baby should keep all appointments even if everything seems to be fine.
2. Discuss the procedure for obtaining follow-up appointments and that follow-up appointments should be kept.
3. Emphasize that full participation of the treatment plan is the responsibility of the patient/family.
4. Discuss signs/symptoms that should prompt immediate follow-up.
5. Discuss the availability of community resources and support services and refer as appropriate.

CB-L LITERATURE

OUTCOME: The patient and/or delivery partner/coach will receive literature about childbirth.

STANDARDS:

1. Provide parent/family with literature on childbirth.

2. Discuss the content of the literature.

CB-LB LABOR SIGNS

OUTCOME: The patient and/or labor partner/coach will understand the signs of true labor and will understand when to come to the hospital.

STANDARDS:

1. Explain the difference between early labor and false labor (Braxton-Hicks contractions). **Refer to CB-AP.**
2. Emphasize the importance of immediate evaluation for any suspected amniotic fluid leak. Explain that prolonged rupture of membranes can be dangerous to the baby and the mother.
3. Discuss the appropriate time for this patient to present to the hospital as related to frequency and duration of contractions, etc. (This will vary with circumstances; for example, a patient who lives far away may need to start for the hospital sooner than one who lives near.)
4. Explain that the patient should come to the hospital immediately for rupture of membranes, heavy bleeding, severe headaches, severe swelling, or decreased fetal movement.

CB-M MEDICATIONS

OUTCOME: The patient will have a basic understanding of medications that may be used during labor and/or delivery.

STANDARDS:

1. Explain that there are medications which can be used to make the cervix more ready for labor. Explain the route of administration for the medication to be used.
2. Explain that medication may be given to stimulate or enhance uterine activity. Explain the route of administration of the medication to be used.
3. Discuss common and important side-effects of the medication to be used. Discuss side-effects which should be immediately reported to the healthcare provider.

CB-NJ NEONATAL JAUNDICE

OBJECTIVE: The family will understand the importance of monitoring for jaundice and the complications of unrecognized jaundice.

STANDARDS:

1. Explain that jaundice is the yellow color seen in the skin of many newborns which is caused by build up of bilirubin in the blood.

2. Explain that everyone's blood contains bilirubin, which is removed by the liver and that before birth, the mother's liver does this for the baby. Explain that many babies develop jaundice in the first few days after birth because it takes a few days for the baby's liver to get better at removing bilirubin.
3. Explain that the yellow skin color caused by bilirubin usually appears first in the face then moves to the chest, abdomen, arms, and legs as the bilirubin level increases. Explain that the whites of the eyes may also be yellow.
4. Explain that mild jaundice is harmless but high levels of bilirubin may cause brain damage.
5. Explain that this brain damage can be prevented by treatment of the jaundice before the bilirubin level gets too high. Discuss that treatment options may include medical phototherapy or exchange transfusion.
6. Emphasize that parents should watch closely for jaundice and seek medical attention if jaundice is noticed.
7. Explain that medical personnel can check the level of bilirubin in the blood by blood tests or occasionally by a skin test.
8. Explain that all bilirubin levels must be interpreted in light of the infant's age, and that term infants and older infants can tolerate higher levels of bilirubin than preterm infants and younger infants.
9. Explain that jaundice is more common in breastfed infants especially when the infant is not nursing well. Encourage nursing the infant a minimum of 8–12 times a day for the first week of life to increase milk production and keep bilirubin levels down. Emphasize that breastmilk is the ideal food for infants.

CB-OR ORIENTATION

OUTCOME: The patient and labor partner/coach will be familiar with the labor and delivery suite, nursery and postpartum areas of the hospital.

STANDARDS:

1. Familiarize the patient and labor partner/coach with the Obstetrical Department of the hospital.
2. Explain the hospital policy regarding visiting hours and regulations, meal times, assessment times and physician rounds, as appropriate.
3. Review the need for a plan for the patient/labor partner, emphasizing the need to come to the hospital at an appropriate time during labor.
4. Relate the events to be expected immediately after the baby is born.
 - a. Repair of lacerations/episiotomy and the after-care required.
 - b. Vital signs and monitoring of the uterus, vaginal discharge, and urination, including frequent massage of the mother's uterus.

- c. Assessment and observation of the baby, including vital signs and blood glucose monitoring as indicated.
- d. The policy of rooming-in, if available in your institution.
- 5. Explain hospital policy for the birth certificate, including how the baby's surname will be recorded.
- 6. Discuss the items to bring to the hospital - CAR SEAT, toiletries, gown and robe, clothes to wear when discharged, baby clothes, and others as appropriate.

CB-PM PAIN MANAGEMENT

OUTCOME: The patient will be aware of the modalities and techniques that are available for pain management during labor and delivery, and after delivery.

STANDARDS:

- 1. Explain the current understanding of the cause of "labor pains."
- 2. Review and compare the benefits and risks of "natural" labor (incorporating the use of touch, relaxation, focusing and breathing techniques) with narcotic analgesia during labor, or an epidural, as applicable. Explain that breathing and relaxation techniques may be useful as adjuncts to medications.
- 3. Explain that it is not always possible to completely relieve pain during labor.

CB-PRO PROCEDURES, OBSTETRICAL

OUTCOME: The patient will understand the procedures utilized during labor, delivery, and the immediate postpartum period.

STANDARDS:

- 1. Explain, in understandable language, the reasons for and procedure for the following as applicable (include simple demonstration of equipment as appropriate).
 - a. Central monitoring at nurses' station.
 - b. External fetal monitoring.
 - c. Internal fetal monitoring with scalp electrodes.
 - d. Intrauterine pressure monitoring.
 - e. Induction and/or augmentation of labor, including cervical ripening.
 - f. Rupture of the amniotic membrane.
 - g. Amniotic fluid replacement by infusion.
 - h. Episiotomy and repair of lacerations.
 - i. Forceps and/or vacuum assisted delivery.

- j. Epidural anesthesia.
2. Discuss the possibility of Cesarean section, both emergency and planned. Discuss indications for Cesarean section, preparation, policies regarding labor coach in OR, post-anesthesia recovery, postpartum, length of hospitalization, etc. Discuss risks of Cesarean section as well as benefits and alternatives to this procedure. Discuss possible risks of non-treatment.

CB-RO ROLE OF LABOR AND DELIVERY PARTNER/COACH

OUTCOME: The patient and delivery partner/coach will understand the role of the labor and delivery partner/coach and be able to demonstrate the various techniques taught.

STANDARDS:

1. Explain that the role of the partner/coach during the stages of labor and birth is to help the mother focus and practice techniques and to assist in comfort measures.
2. **Refer to PN, PP.**

CB-TE TESTS

OUTCOME: The patient/family will understand the test(s) to be performed, including indications and impact on further care.

STANDARDS:

1. Explain the test ordered and collection method.
2. Discuss the necessity, benefits, and risks of the test to be performed, as appropriate, including possible complications that may result from not having the test performed.
3. Explain how the test relates to the course of treatment.
4. Explain any necessary preparation and instructions for the test.
5. Discuss the meaning of the test results, as appropriate.

CB-VBAC VAGINAL BIRTH AFTER CESAREAN SECTION

OUTCOME: The patient and labor partner/coach will understand that VBAC is possible in some cases, as well as the processes, risks, and benefits associated with VBAC.

STANDARDS

1. Explain that there is a high success rate of VBAC.
2. Explain the importance of having prior medical records to determine whether the patient is a candidate for VBAC.
3. Discuss that there is a faster recovery after VBAC than a repeat C-section.

4. Explain that close monitoring of the labor process will be necessary and that if complications arise a C-section may be necessary.
5. Explain that significant risks from VBAC include uterine rupture, failure to progress in labor, and C-section.
6. Explain that VBAC is not available in all institutions or to all patients.